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Building And Growing Customer Communications: A Framework For Exploring Commonalities And Differences In The Ways Consumers Are Targeted With Health Care Messages By Multinational Pharmaceutical Companies In Europe And In The United States

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by Multinational Pharmaceutical Companies
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INTRODUCTION

> "Proponents of direct-to-consumer advertising for prescription drugs argue that the practice leads to better-informed consumers and improved quality of care. Critics feel it causes physicians to waste valuable time during patient visits and encourages use of expensive and sometimes unnecessary medications."
> --Press Release, "Direct to Consumer Advertising of Prescription Drugs Grows Rapidly but Remains a Small Share of Promotional Efforts." Harvard School of Public Health, February 13, 2002

Direct-to-consumer (DTC) advertising is widely used by pharmaceutical companies to promote new drugs. This method of advertising is extremely effective in spreading the awareness about a new drug to the consumer market. However, caution is warranted when interpreting these advertisements seen on television and in magazines and newspapers. Consumers may benefit from advertisements that communicate the drug information clearly and completely. Unfortunately, not all the advertisements are complete in providing information. Consumers need to take special caution and understand the entire story behind direct-to-consumer advertising.

By definition, consumers in Europe are remarkably different from consumers in the United States when it comes to the consumption of pharmaceutical, both prescription and over-the-counter, products. Such differences are influenced by the marketing strategies of multinational pharmaceutical institutions, regulatory agencies and government approval processes. While the consumers of one nation in Europe may be best-suited for a direct-to-consumer marketing strategy, the country sharing a border with them may have government regulations that actively prohibit pharmaceutical marketing to the public and allows only a marginal degree of marketing efforts directed toward healthcare providers. Furthermore, there are concerted efforts by some groups to assure that pharmaceutical advertising in Europe not evolve the way it has in the United States.

For example, the non-governmental organization, Health Action International Europe, released a report on April 9, 2002, regarding consumer drug advertising which urges that the European Union should reject any legislation that would weaken the current ban on direct-to-consumer advertising of prescription medicines. Clearly, challenges are presented for any multi-national pharmaceutical corporation in terms of how it markets its products and to whom. What is undeniably clear is that it is essential to be well-versed in the unique nuances of each nation's requirements, prohibitions, and potential, and not make the dangerous assumption that "one-size-fits-all."

Avoiding making that mistake requires an understanding of the differences inherent among consumer habits, attitudes and belief systems. Consumers are obviously the lifeblood of any for-profit organization that produces a particular product. This is a fact of life for companies ranging from the neighborhood bakery to multinational corporations. But their unique attributes as individuals as well as their collective characteristics as members of various demographic groups helps in defining who consumers are, where they are located, and what they will buy. More subtle issues, such as lifestyle, socio-economic status, and just simple preference are crucial ingredients of the 21st century consumer. Each category of consumer is then split into a multiplicity of sub-categories which all lead to the defining attributes that serve as the foundation of any successful marketing effort. The challenge is to distill that information in ways that allow for accurate and effective targeting of a particular consumer public. As Mies van der Rohe said about architecture: "God is in the details."

This paper seeks to explore the commonalities and differences in the ways consumers are targeted with healthcare messages by multinational pharmaceutical companies in Europe and in the United States. It is easier for drug companies, especially in the United States, to convince the

consumer that he or she needs a particular medication than to persuade the physician to use their product. An example is the situation where a consumer seeing a television personality taking and promoting a specific drug may feel more comfortable with taking that drug also, e.g., Bruce Jenner taking the arthritis drug, Celebrex; Dorothy Hamill taking the arthritis drug, Vioxx. As a result, direct-to-consumer has successfully boosted sales of prescription drugs in the United States.

Direct-to-consumer represents a new marketing strategy for the pharmaceutical industry, and remains highly controversial. It has its small groups of avid supporters and vocal opponents, and a large middle group that seems to be taking a "wait and see" attitude.

Given direct-to-consumer's sudden and growing importance to the pharmaceutical industry, in particular, and public health, in general, a broad, objective overview of direct-to-consumer's current state of affairs – with strategic implications for the future – is greatly needed.

According to Morpace Pharma Group research (2002): "Major changes in the U.S. Food and Drug Administration's regulation of consumer-directed drug advertising have radically altered the direct-to-consumer landscape since the mid-1990s. Direct-to-consumer now plays a key role in driving consumer participation in drug selection and prescription. Its success depends on environmental, market and tactical factors that can be understood as part of a general conceptual framework describing all interactions between consumers, physicians, and pharmacists" (pp. 1-2).

Comprehensive data on these interactions are lacking, so Morpace Pharma Group conducted surveys of the three core groups to quantify direct-to-consumer's influence. The learned that despite efforts to shift the balance of power in prescribing, this power still lies with physicians. Even in the face of press reports trumpeting millions of Viagra prescriptions, it appears that only a small fraction of the adult population requests a specific medication they have encountered through

advertising. Most consumers who request particular drugs usually have learned about them from a physician.

But consumers do appear capable of choosing an appropriate medication based on direct-to-consumer advertising. Physicians report agreeing with most of these choices and writing the prescriptions. When physicians disagree with patient requests, however, physicians say that patients readily defer to their judgment.

Although only a small proportion of the adult population has actually asked their doctor for an advertised drug, the majority of people are open to doing so. And importantly, the majority of physicians seem likewise open to having patients request advertised products. This finding certainly does not mean that consumers and physicians have complete confidence in direct-to-consumer advertising. Many concede that advertisements may furnish misleading or incomplete information.

Still, most consumers believe that in the future they would request a prescription for an advertised drug if it were relevant to their medical condition. Like most consumers, many physicians give only weak and inconsistent support for direct-to-consumer advertising. A smaller proportion remains actively opposed to direct-to-consumer. Formulary managers, on the other hand, are overwhelmingly opposed to direct-to-consumer advertising. Few see any potential for direct-to-consumer to improve healthcare, and most believe direct-to-consumer has greatly increased demand for advertised drugs, thereby boosting overall drug costs.

According to the Morpace Pharma Group survey (2002), these direct-to-consumer marketing dynamics have important strategic implications for pharmaceutical manufacturers. Drug makers must learn better ways to market pharmaceuticals to consumers, bearing in mind that this challenge differs greatly from marketing other consumer goods. Direct-to-consumer must be

integrated with marketing directed at physicians and payers/formulary managers, the table will not stand without all three legs. Data demonstrating that advertising drugs improves health outcomes, and doesn't just promote brand-switching, will help persuade professionals of direct-to-consumer's merits.

The direct-to-consumer experience in the United States over the next few years is likely to be used as a learning laboratory by observers in Europe and other countries with direct-to-consumer is banned. Manufacturers are currently pushing the regulatory envelope in Europe and Canada, mirroring mid-1990s trends in the United States. However, direct-to-consumer faces a long, slow road toward approval outside the United States due to differences in consumerist culture and in healthcare financing. Direct-to-consumer also faces potential pitfalls in the United States. Providers' and formulary managers' opinions may swing firmly against direct-to-consumer, consumers may reject the clutter and graphic nature of pharmaceutical ads, legal hurdles may plague the new connection between drug manufacturers and consumers, or the U.S. Food and Drug Administration may clamp down on its currently liberalized regulations.

Certain trends for the future are evident. Manufacturers who do not proactively develop a direct-to-consumer strategy will likely be forced into it defensively. A proactive plan should include a strategic analysis that considers market maturity and competitive position, as well as market research and ad testing. Savvy drug makers will integrate direct-to-consumer and professional marketing, using the favorable results of outcomes research to bolster public relations. Without these measures, manufacturers cannot count on direct-to-consumer to reliably return on investment in coming years.

It's All in the Attitude

The persuasiveness of any marketing communication can be increased much more easily and dramatically by paying attention to the content (and the relation of that content to the target audience) than by manipulation of credibility, attractiveness, fear, self-esteem, distraction or any of the other myriad factors that have captured the attention of researchers in the area of marketing communication. This is especially true in circumstances in which the marketer wants to either form a new customer attitude or change one that already exists. Keeping such factors in mind, specific and qualitative research methodology must be used to assure that the concerns of this unique culturally specific demographic are addressed.

Recognizing that such a segment of the population requires a multi-faceted approach in terms of any meaningful research, information should be gathered from a cross-sectional (cultural, economic, social, age) analysis of targeted consumers since basic demographic and/or cross-cultural analysis plays an integral role in forming a marketing strategy and determining the success of any product in the market. Therefore, the marketing manager needs to demonstrate (and convince) the other decision-makers involved in the success of the marketing effort that in-depth information must be gathered to know as many variables that will influence the desires and the attitudes of consumers.

It is important to remember that purchases are not necessarily about the item purchased. Of far greater interest to the consumer are the costs, the utility and the popularity of any given item -- and not necessarily in that order. Shopping and consumption have become tied up with far more factors than need, utility or amusement. Complicated issues, such as sexuality, status and self-esteem are connected to the purchases of everything from cars to handbags. Regardless of whether or not an individual finds that sad, an example of moral decay, or a sad commentary on the

neediness of society . . . it is a fact of life in retailing, in marketing, in all aspects of human interaction.

Marketing and the Changing United States Consumer

Consumer behavior is a combination of a broad variety of factors, each of which contributes to overall decision-making and the ultimate success of any marketing proposition. The entire concept of "integrated" marketing is one that asserts that the key concepts to be acted upon in the 21st century are those concepts that most appeal to the consumer rather than the producer. The ways in which the world has shifted has created an attitude, economy, even an ideology that says the customer will demand (and get) what he or she wants or they will take their business elsewhere. The student researching this issue must consider a number of factors that contribute to developing the most positive customer attitude regarding a product. From a managerial perspective, the marketer needs to demonstrate to other members of a product team how essential it is to develop the proper "attitude" in the consumer being targeted. As Lloyd (2000) points out: "Consumption is the great revolutionary force of our times, driving everything from sex to divorce" (pp. vi).

One of the most essential considerations for the next several decades will be the age of consumers in both the United States and Europe. Buzalka (2000) points out that the populations of the most developed nations of the world are adults. "Unlike the youth-oriented cultures that defined the 20th century since the 1960s, the first quarter of the 21st century is grown-up oriented. And for good reason" (pp. 32). By 2025, more than a third of all United States consumers will be over the age of fifty and almost 60 percent will be over the age of 30 (pp. 32). Speaking as if he were actually in 2025, Buzalka adds: "The number of individuals aged 85 or more is twice what it was in 1996 and growing fast. Those who are familiar with the seemingly terminal adolescence of late

20th century America would be shocked at the difference" (pp. 32). Keeping those factors in mind is crucial for any marketing effort, especially those that deal with the health and well-being of an enormous number of people.

Along with their aging process, the Baby Boomers have realized the importance of being health conscious and proactive. Health is a prominent motivating factor in numerous aspects of consumer spending and ranges from membership at a fitness facility to cancer screening. According to Sloan (2002) "do-it-yourself health products -- estimated to be a new $40 billion retail opportunity" are at an all-time high in lists of consumer expenditures. Sloan also points out that 86 percent of American consumers used over-the-counter medications and 68 percent used prescription drugs in 2001 (pp. S2). Health maintenance and the prevention of illness (which also includes weight and stress reduction) have become two of the top concerns of millions of American consumers. Sloan also refers to studies that show that America's worries regarding certain physical conditions and diseases have been changing. She explains that "eyesight, heart disease, cancer, cholesterol and high blood pressure now top Americans' list of health concerns" (pp. S2). This has led to an increase in the number of Americans who want to "self-treat" a particular condition rather than rely on information from a physician or other healthcare professional. It is more than likely that increase will continue to grow as more of the nations' Baby Boomers move into their "golden years."

Marketing and the Changing European Consumer

Numerous factors separate the attitudes of European and American consumers. Consider the issue of genetically engineered/altered crops and the use of various hormones for cattle. The American attitude is, "So, what are you going to do about it?" while the Europeans from Spain to

the Czech Republic make it clear that, "This will not do." One of the most obvious examples is centered in the pharmaceutical industry. Bosanquet (1994) made the point nearly a decade ago that the European pharmaceutical industry was likely to become more geared to consumers and less dependent on national governments. He explains that: "The industry's past was one of a series of national markets where price and volume were heavily affected by the vagaries of national regulation. Its future is likely to be one of providing services in a much more consumer driven environment with more integration across Europe" (pp. 39).

As the nations of Europe have made their political, economic and social moves to form the European Union, there has been a certain measure of conflict related to how various aspects of different industries would be "handled" in terms of a national basis and how that would relate in terms of the larger goals of the European Union. Consider the radical departures from the norm that have been exhibited in areas as diverse as agriculture, pharmaceuticals and import/export considerations. In every instance, the emergence of global players, pressure on medium-sized firms in national markets, and new opportunities for small firms have all played into the ways in which the individual European consumer has access to the marketplace and what he or she will actually find there. The end result is not yet known since the ongoing consumer market base is one that relies on an ever-changing set of variables. As a result, the individual consumer often finds himself/herself in a situation in which the most necessary information is available only in the most fragmented of forms.

Cross-Cultural Marketing

As the world becomes increasingly globalized, the nations who are not usually exposed to drug advertising campaigns find that a broad array of messages are being delivered about their

products even if they were not directly responsible for either the marketing or the way it is understood.

Futurists, marketing gurus, demographers, even social scientists generally agree that virtually all research, but especially marketing research, depends on the population involved, specifically the consumer. Books on the weekly best sellers list and the most popular television programs provide directional signals to the future. Trend expert and futurist, Faith Popcorn regularly asks her clients whether or not they know what their customers ate for breakfast, how many kids they have, what they are thinking about and what their three biggest concerns in life are. "If the answer is no, you don't know how to sell to them," Popcorn (1996) says. Generalities, Popcorn adds, are what ultimately gives most companies grief.

"To understand consumers, you have to know what they are eating, how they are living and how they are shopping. Listening to the customer, understanding what he or she is all about, will help you future fit your company. Mass market is over -- the future is about individualization. We have entered a time of one-on-one or customized marketing" (pp. 7D).

It is simple commonsense to realize that such must be the case in the process of cross-cultural marketing. To make assumptions about a particular target audience or market is flirting with marketing disaster. This is of even greater importance when the marketing is taking place across cultural barriers that might include language barriers, socio-economic status, religious beliefs, or other forms of restrictions that neglect to include the important component of who people are and what are the circumstances that have made them the way they are. The smart marketing professional fully researches and plans for cultural differences. Without that knowledge or without the understanding associated with such knowledge, the likelihood of a successful marketing campaign or product launch become increasingly more discouraging.

No single aspect of product and service customization is more important, or more obvious, than that of the unique differences encapsulated within the cultural differences and particular influences based on larger issues associated with the society in which the consumer is born, raised and educated. Certainly, a consumer's preferences are developed in light of his or her opinions and experiences that are then influenced by the realm in which that consumer's own personality and preferences are shaped. And, of course no single issue in a person's life is more intimate or more important than that of their personal health and well-being.

As people across the globe gain better understanding of one another, it seems especially arrogant of an organization launching a marketing campaign without thorough research into the markets' characteristics and features. It is obvious why the best companies are often those with the best access to the best information. The Information Age has drawn the world together, in at least one way. The fact is that people around the industrialized world are well-aware of the products and services that are desirable and exist in other parts of the world. Unfortunately, those selling the products, whether those are industrial machines or women's lingerie are less aware of their consumers than the consumer is of them. As long as that lack of equilibrium is in place, the marketer faces an uphill battle.

According to Ryan (1996), all too often, consumer research has been preoccupied with empirical issues and neglects the experiential perspective of consumers as individuals influenced by their cultures, upbringing and lifestyle. This reflects a fundamental difficulty in consumer research that then leads to a lack of understanding of the context of the consumer's cultural bias, preference and understanding. The marketing specialist must always ask who or what is the consumer? However, the marketer must be aware of what factors have made the consumer think and act in the

way he or she does. Without such an understanding of cultural issues, a product or service enters a market with a definite disadvantage.

Marketing Challenges and Opportunities in Europe

The tectonic shift in the monetary system of the nations of the European Union has meant significant changes in the way business is done in the individual nations of Europe as well as the collective entity that is the European Union. It should be noted that as of October 2001 and according to European Report (10-31-01), the formal proposals for changes to the European Union's rules for marketing medicines have continued to exist as the "subject of in-house consultation within the European Commission" (pp. 480). In short, no substantive changes have been put into place.

What the Commission has agreed upon are that changes should be implemented. However, these changes are ones that the Commission has been working on for approximately the past nine years. The primary issue is that of the merits of both decentralization and centralization regarding authorization to market a pharmaceutical product. In a report released in October 2001 regarding how well the system had been working for the past five years showed that "evolution of the single market for medicines has not been satisfactory" (pp. 480). The system that was set up in 1993 to harmonize the medicinal marketplace has contributed very little to doing so. Ironically, the new report makes the same suggestions as those that were made in 1993:

- obligatory use of the centralized marketing authorization procedure for biotechnology-derived medicines and all new medicines, and optional access to it for innovative medicines and generics;
- speedier processing of applications;
- greater transparency;
- replacement of renewal procedures by tighter post-marketing monitoring;

- extension of the European Medicines Evaluation Agency (EMEA) to take on formal responsibility for orphan drugs and for international relations, as well as more expert input to the EMEA's work; and,
- a better balance between the needs of innovators and copy-product manufacturers (pp. 480).

Chapter II

MAKING INROADS: THE PHARMACEUTICAL INDUSTRY SETS UP A FRAMEWORK FOR WORKING WITH CONSUMERS

Direct-To-Consumer Advertising in the United States

According to Sokotch (1998), "Direct-to-consumer advertising investment has grown from $50 million in 1990 to more than $1 billion last year [1997]" (pp. 24). Just one of the questions that has to be asked is how and why direct-to-consumer advertising became such a force in the pharmaceutical industry's marketing plans. In part, the issue is directly related to the relaxation of the U.S. Food and Drug Administration's rules relating to marketing pharmaceutical drugs. In part, it is because of a greater desire on the part of the public for drug information. That desire for information is also tied to the higher degree of education of the general public about health matters, as well as the broadening of communication channels that can facilitate message delivery.

Castillo and Hopkins (2002) emphasize that the entire direct-to-consumer pharmaceutical advertising is actually less than a decade old. It is important to understand that since the U.S. Food and Drug Administration eliminated a number of the restrictions on direct-to-consumer prescription drug advertising in 1997, the pharmaceutical industry has been one of the biggest spenders in terms of advertising campaigns. The criticism of the advertising has revolved around the idea that the ever-increasing numbers of drug advertisements has had a remarkable impact in terms of inflating healthcare costs since consumers have begun to demand the drugs they've seen advertised in genuinely record numbers.

Castillo and Hopkins dedicated their research to analyzing "general consumer attitudes about and reactions to direct-to-consumer advertising in the United States to see what has worked and what has not? (Internet source). They expand on the numbers presented by Sokotch to note that: "Direct-to-consumer advertising in the United States has gone from $791 million in 1996 to

$2.5 billion in 2000" (Internet source). The in-depth interviews they conducted showed that one of the key issues, if not the single most key issue, and one that presented itself in virtually every aspect of the debate is the complicated issue of credibility. They explain:

"Consumers do consider pharmaceutical companies to be credible sources of information about the drugs they make, even if the information has a 'marketing' purpose. They do not discount information about prescription drugs that comes from pharmaceutical companies" (Internet source).

They also found that the people they interviewed often felt that there was no way that physicians could possibly keep up with the latest information *without* the pharmaceutical companies' marketing materials (Internet source).

It is important to understand that the entire issue of direct-to-consumer advertising by pharmaceutical companies has drawn a strong measure of criticism in the United States. Murphy (2002) points out that there are currently two bills before Congress -- "the renewal of a law to speed up the approval process for prescription drugs; and a bill over whether Medicare and Medicaid should pay prescriptions for outpatients" (pp. 5). He adds that both have the potential to "impose strict limitations" on television advertisements for prescription drugs.

Murphy makes note of the fact that at the end of March 2002, the "National Institute for Health Care Management showed prescription drug spending in 2001 rose 27 percent last year, to $175.2 billion" (pp. 5). Clearly, that amount of money is enough to cause anybody -- in government, media, healthcare and the pharmaceutical industry -- to take notice. Murphy also points out that in 2001, "Direct-to-consumer ads accounted for more than $1.5 billion in TV, including $995 million in network, $330 million on cable and $68 million in spot" (pp. 5). Not only is the pharmaceutical industry big business, advertising its products is a significant factor in terms of dollars spent and overall revenue exchanged.

Furthermore, as consumers continue to take charge of their health through seeking out alternative forms of medicine, such as herbal remedies and dietary supplements, there has been a greater degree of focus on those products and their supposed health benefits.

Greger (2001) seems to believe that this is a far more important concern than tested and approved pharmaceutical products since complimentary and alternative treatments are not generally recommended to the consumer by his or her physician but by some other person whose expertise they respect or because of advertising they've seen. Greger's point is that mainstream medical practitioners should focus more research efforts on diet supplements and herbal treatments and increase training on these topics for students majoring in healthcare fields. Then healthcare professionals can mount high-quality, targeted education programs for consumers rather than simply subjecting them to a marketing blitz.

MacRae (2002) offers a rather tongue-in-cheek perspective regarding just how many physicians are spending extra time in front of their television sets or flipping through the pages of popular consumer magazines in order to make their personal decisions regarding prescribing. However, MacRae does comment that: "There's an obvious connection between direct-to-consumer ads and people's motivation to seek treatment. Ideally, when everyone does their job properly, it leads to better health" (pp. 94). He references the Henry J. Kaiser Foundation study of 2001 that found direct-to-consumer advertising raised people's awareness of certain medical conditions and what products were on the market to treat them and notes: "Those with the greatest medical need, the survey found, were even more likely to talk to their doctor as a result of seeing an ad for a prescription drug" (pp.94). But an important proviso for physicians is that they will need to have a greater measure of "extra vigilance" (pp. 94).

He also suggests that even though direct-to-consumer advertising may allow a patient to more accurately communicate with the doctor about his or her symptoms and take a more proactive stance in their treatment. MacRae adds: "Good doctors take every opportunity to listen actively when a patient tells them where it hurts. Even if they have to convince a patient that he or she needs a lifestyle change rather than a pill, they are still helping someone with a problem who otherwise might have suffered in silence" (pp. 94).

One example of a successful direct-to-consumer advertising campaign can be seen in the situation presented by Carol B., a 45-year-old women who has dealt with migraine headaches since she was a child. Her physician of the past 15 years knows this about her patient so when Carol asked for a prescription to try Imitrex, produced by GlaxoSmithKline, precisely because she had seen so many television and magazine ads, her doctor did not hesitate to write the prescription. As she wrote the prescription during Carol's annual physical, she commented: "You know what works and doesn't work for those headaches of yours better than anybody else." That is the type of interaction that direct-to-consumer advertising, in a perfect world, is designed to promote.

Returning again to the research by Castillo and Hopkins, it should be understood that they learned some very favorable facts about the public's perceptions regarding pharmaceutical companies. They noted that: "Contrary to the impressions created by industry critics and the media, most consumers in the United States hold favorable attitudes toward pharmaceutical companies" (Internet source). For the most part, the people they interviewed were pleased that "drug companies are developing new medicines for the future" (Internet source). Most of the participants in their study (remember, all were over the age of 50 years) "expect" that the developments and advances of the pharmaceutical industry will allow human beings to "...live healthier, happier lives. By and large, consumers view pharmaceutical companies as 'good guys'" (Internet source).

Fundamentals of Public Relations

The ultimate goal and responsibility of any public relations effort is to communicate clearly and fully with its various publics in order to assure that a basis for understanding is established in the context of the organization's mission. Any student pursuing a study of public relations and its goals and objectives must understand that for all the energy and effort any organization puts into its management efforts, those efforts will be useless unless external elements, most notably communicating with and supporting the various publics that are essential to the success of the organization, are calculated as a part of the larger management equation.

External factors can range, depending on the organization and its business or social enterprise, from political factors, economic conditions, national attitudes, public perception, and much more. Just as people do not operate independent of their peers, businesses and other organizations do not operate independently from the environment in which they exist. In the world of the pharmaceutical industry, these factors are especially true since the information being communicated has to do with the development and distribution of a product that has the potential to not only transform human life but, in countless circumstances, actually maintain or improve it.

It is important to always keep in mind that effective public relations is much more than simple promotion or publicity. It is the process of establishing relationships with various publics, such as patient advocacy groups or journalists, and openly communicating with those groups. Public relations gurus for the past several decades, Scott M. Cutlip and Allen H. Center have always maintained that: "Public relations is the management function that identifies, establishes and maintains mutually beneficial relationships between an organization and the various publics on whom its success or failure depends" (pp.1). Note that the first verb to be applied in the process is

"identifies." Without identifying the public to be reached, the message can be lost. Without identifying what it is that public is hearing, the corrective and clarifying message may also be lost.

Falling back on the basics presented by Cutlip and Center always allows for an articulate means by which one can define public relations and the functions of the public relations practitioner. But in order to adequately and more accurately define public relations, especially in the context of the pharmaceutical industry, the best explanation is one of the most simplistic -- public relations is the process of ***building meaningful relationships***. Regardless of the enterprise, it depends upon the goodwill of its customers, employees, the general public, patient advocacy groups, suppliers, partners and many other distinct ***publics***. Each group of people has its own unique concerns and issues that are part of the overall public relations mix and must, therefore, be addressed throughout the organization as a comprehensive public relations mindset and effort. Nowhere are these principles more evident than in the pharmaceutical industry.

Literally every pharmaceutical company in the industry and their related professional associations and organizations must establish relationships with publics that range from research scientists to government regulators, not to mention the individual consumer for whom the product was created. There are the doctors (and other medical professionals with prescriptive authority) who need to know the potential of a product. The associated medical care professionals such as nurses, specialty therapists (i.e. respiratory, laboratory, pharmacology, long-term care, et al), in order to understand the potential of a particular medication, its related side effects, long-term efficacy, and how it works in combination with other drugs.

Application of fundamental public relations principles must transcend the more typical processes of publicity and support that might be used in corporate community relations or organizational promotions. In the past two to three decades, business educators, social theorists,

and public relations practitioners themselves have come to define public relations as relationship management. Therefore, new attitudes have emerged regarding the forms messages must take and the most appropriate channels by which to communicate those messages. Politics is the struggle for power and the opportunity for vision and leadership. Public relations offers an impressive array of weaponry for use in such battles.

As with most disciplines, public relations carries with it its own share of hypotheses and professional wisdom that have come about in the century that public relations has existed as a specific profession. For example, Cutlip, Center and Broom's well-known acronym regarding "running and winning the RACE" (research, action, communication, evaluation) is appropriate in virtually every aspect of effective relationship building and communicating. Consider how applicable this time-worn formula is in terms of multinational pharmaceutical companies based in the United States who want better and more access, more "relationship-building" opportunities, in other nations. Research defines the problem or the situation and allows for the answer to the question, "What's happening now?" It also allows for the formulation of a plan of action that is in concert with the policies and objectives of the organization. That then allows the public relations strategist to answer the question, "What should we do about it and why?" Action can be taken based on the answers given to the first two questions. Each different public can be addressed in the ways that best serve the needs and concerns of that particular group because the question, "How do we do it and say it," has been addressed. Finally, evaluation allows the public relations team to ask and answer the question, "How did we do?" and, of course, "What should we do differently?"

Public Relations Principles Applied in the Pharmaceutical Industry

Again, because of its unique nature, the pharmaceutical industry has called for equally unique public relations efforts. Issues, such as the cost of HIV-AIDS drugs, prescription drug abuse, misconceptions regarding the profit margins of individual pharmaceutical companies, offer enough material to serve as individual exercises in crisis communication. Again, the issue boils down to relationship building. Journalists and activists working for treatment and cures for specific diseases need to be dealt with in honest and honorable ways that assure that they will be able to do the same in reference to a particular issue or player related to the pharmaceutical industry.

Yet, it is always a fine line to walk between presenting necessary information and offering materials that are clearly and gratuitously self-serving. For example, a pharmaceutical company may establish and fund an award in journalism related to medical issues and drug treatment programs or research or offer journalists the pharmaceutical version of a "facility tour" in order to provide additional information regarding a certain issue, key scientific research or product benefits. However, Sweet (2001) explains that such situations have been known to backfire. She writes: "When a rash of stories about impotency cropped up in the Australian media a few years ago -- with headlines such as 'impotence rate set to skyrocket' -- it later transpired that Pfizer had sponsored the journalists involved to attend a conference on impotence in Paris" (pp. 1258). Such information events are certainly warranted and extremely valuable when used as *information* events. In the best of circumstances, programs such as the journalism awards can actually serve to enhance media coverage of a particular issue. Sweet explains that: "Some have aimed to reward sensitive reporting about topics such as mental health or HIV. Others are more closely aligned with the interests of commercial or professional sponsors" (pp. 1258).

Yet another example of that fine line is seen in the issue of providing AIDS drugs at reduced rates or even for free. Even in circumstances in which the best of intentions are at the core of the actions, other concerns may be presented. For example, according to *AIDS Alert* (11-01), the German pharmaceutical company, Boehringer Ingelheim, announced in July 2000 that it would make its HIV antiretroviral drug, nevirapine (Viramune), "available to any pregnant women in sub-Saharan Africa who need it for the prevention of mother-to-child transmission (MTCT) of HIV, they thought their biggest problem would be to meet the flood of demand. They were wrong" (pp. 143).

What happened instead was that they faced the virtually insurmountable obstacle of the lack of quality healthcare capabilities in most of the developing countries they had intended to reach. The end result is one in which public opinion may be that multinational pharmaceutical companies are something akin to 21st century robber barons when, in reality, even their best efforts may be pointless when there is no way that their products can be appropriately or effectively administered.

The writer of the article in *AIDS Alert* also comments: "Boehringer Ingelheim's experiences can serve as both a model for and a lesson to other drug manufacturers who plan to make HIV medications available at no or very low cost to the developing nations hit hardest by the pandemic" (pp. 143). Much more complicated issues, such as staffing, facilities, transportation for caregivers and patients, on-going follow-up and much more, must be considered in the overall mix.

Other public relations issues related to the pharmaceutical industry and direct-to-consumer advertising are also well-worth addressing. For example, Katen (2002) focuses on the issue of "health literacy" and the need for people and the desire of people to be informed about the medicines available to them, as well as the details of those that they already take. Katen explains that Pfizer is taking the initiative to create what amounts to as "user-friendly" information for the

patients to whom their drugs are prescribed. She explains that the company is making a focused effort toward: "...redesigning all of our patient-directed communications to meet this standard. We are also striving to make those communications culturally relevant and linguistically accessible to our increasingly diverse population." Using that tactic in conjunction with informational advertising has great potential in increasing the average American's "health literacy" which will, in turn, contribute to a greater understanding of particular health issues and treatments and what individuals can and should do to experience the greatest measure of health available to them.

A Public Relations Case Study

One of the best possible "textbook" examples regarding public relations, direct-to-consumer advertising, and the pharmaceutical industry has been taking place for more than a year. The arthritis pain-killer medications Celebrex (Pharmacia/Pfizer) and Vioxx (Merck) have each been the subject of impressive image campaigns, advertising efforts and the use of well-known and well-respected athletic champions and Olympic gold medalists as spokespeople and advocates (Dorothy Hamill and Bruce Jenner for Vioxx, Bart Connor and Bill Russell for Celebrex).

Anderson (2001) used a framing analysis through which it was possible to determine the relationship between the companies' messages and press content. Anderson, a professor at Louisiana State University explains: "Since 1999, Merck and Pharmacia/Pfizer spent tens of millions of dollars a month to market new pain relievers called COX-2 specific inhibitors to physicians and to consumers -- those suffering from arthritis.

The result has been a $7.2 billion market in the year 2000 for the new prescription arthritis drugs, with analysts predicting a market increase to $13 billion by 2005" (pp. 449).

Anderson also makes note of the fact that by the end of 2000, Celebrex had become the number one selling brand of prescription arthritis medication, setting pharmaceutical industry records for volume of sales and refills. The result was that it was the "most successful United States pharmaceutical product introduction in history, even bigger than the anti-impotence drug, Viagra" (pp. 449).

Anderson's research into the framing of the two messages offers some interesting insight into the ways in which people, consumers and physicians, perceived the messages they were being sent in the direct-to-consumer efforts of the companies, as well as the associated promotional efforts. "Framing" in terms of both communications and sociological research generally refers to the ways in which a central "organizing idea" is used in order to interpret and make sense of the information being received (pp. 449). In the context of the "war" between Celebrex and Vioxx, framing serves as a means through which a public relations strategy may be considered effective in terms of the media coverage given to the information released by an organization. Anderson makes the argument that based on the literature that was sent to the media regarding the COX-2 inhibitor story by the drug companies, it is possible to determine what sort of coverage would relate to what kind of information received. The assumption Anderson makes in his research is that reporters are more likely "to rely more on neutral or expert medical sources such as physicians than on pharmaceutical company officials for information" (pp. 449).

He analyzed seven press releases from Pharmacia/Pfizer and four from Merck that he obtained from *PR Newswire*, the online news reporting service. The information about both products was framed in three very clear ways: painkiller without side effects, cost and positioning.

Having identified those factors he then identified the coverage given by the media. He used the stories published in five newspapers (*Chicago Sun Times, New York Times, St. Louis Post Dispatch, Wall Street Journal* and *Washington Post*) since a Lexis/Nexis search showed them as having published the largest number of articles -- 45 on COX-2 specific inhibitors (pp. 450).

Both companies spent millions of dollars introducing the COX-2 specific inhibitors and explaining their importance to both physicians and the general public. In fact: "Days after the U.S. Food and Drug Administration approved Celebrex, Pharmacia/Pfizer started a public relations and marketing campaign to teach physicians about Celebrex. Company salespeople placed more calls -- more than 2.5 million -- to doctors than any company had ever done for any other drug" (pp. 454). They also created a special "patient starter kit" of which they sent 45,000 to those physicians whose research had shown were the most likely to prescribe arthritis-related painkillers -- rheumatologists, orthopedic surgeons and podiatrists (pp. 454). They launched an impressive public education campaign and ran print advertisements in 50 mainstream and popular consumer publications. In terms of the competition between the Pharmacia/Pfizer and Merck, Anderson points out a particularly interesting irony in that: "Pharmacia/Pfizer's marketing was so effective, in fact, that it gave its rival Vioxx a boost. By the time the U.S. Food and Drug Administration approved Vioxx in May 1999, doctors and consumers knew the benefits of COX-2 specific inhibitors" (pp. 454).

Each of the 45 articles analyzed by Anderson fit into one of the three frames that had been established by studying how the companies had presented their information in their press packages. "The 'position' frame received the most attention with 23 stories (51.1 percent), followed by 'no side effects' (13 stories = 28.9 percent) and 'cost' (9 stories = 20 percent)" (pp. 455). Anderson also makes note of the fact that the coverage was remarkably neutral in that there did not seem to be any

particular bias on the part of the reporters covering the story. In fact, the reporters contact of a number of independent researchers and physicians served to balance the stories in ways that allowed for an even more in-depth coverage of the story than had been anticipated. It was clear that the reporters did not simply follow the "public relations agenda" of the drug companies but were intrigued enough to do research on their own. Only 10 of the stories had any hint of negativity and were primarily based on questioning the drug companies' claims that use of the drugs would result in fewer stomach problems. Reporters also voiced some concern that no independent studies were available regarding such facts.

The point of presenting this case study is to underscore the importance of how a public relations department "frames" its information since it is the frame that serves to construct the ultimate social reality of the message. Anderson concludes that his results show that: "As public relations practitioners attempt to construct meanings for their organizations and their products and services, they may have more influence on what the media covers than how reporters present the story. Practitioners may be able to convince the media to cover their topic, but they may have a more difficult time persuading the media to cover the story in the desired manner" (pp. 459).

Government Affairs and the Pharmaceutical Industry

The pharmaceutical industry is one of those industries which anti-Washington types like to point to as an example of special interests run amok. In reality, every interest and every issue in Washington has its own unique set of concerns and issues. The government is not "run by special interests," the entire world is. Every individual has his or her own set of concerns. For example, an elderly person on a fixed income with no supplemental insurance may be an enthusiastic and vocal member of the American Association of Retired Persons (AARP). It is their way of making sure

that their voice is heard and their concerns are raised. The same can be said of organizations ranging from the American Cancer Society to the Auto Manufacturers Association.

An aspect of the particular sort of freedom which the United States represents is that it can allow for all people, businesses and organizations to be legitimately *represented*. In the case of the pharmaceutical industry and its many areas of concern, the most important aspect of government affairs is assuring that fair and accurate information be provided to the gatekeepers of regulatory decision-making and legislative action. To refer back to the example of the German firm that wanted to make its product available free of charge -- had they been required to do that or were following some sort of government mandate, the effort would have been tantamount to throwing the nevirapine into a bottomless pit. Instead, the real problem was highlighted and shown to have nothing to do with the willingness of the organization.

The issues associated with government affairs and the relationship between the United States government and its various regulatory agencies are compounded by the fact that there are so many directions in which the pharmaceutical industry must make its representation clear and unmistakable with government officials. The regulatory authorities of the U.S. Food and Drug Administration, consumer protection, research protocol, fair trade issues, interaction with foreign governments . . . the list is seemingly endless. The simple fact is that *every* aspect of the pharmaceutical business is somehow related to the government and the government's approval and sanction. Add to that an entirely different government (or governments as is the case in the European Union) and the situation is compounded and complicated in entirely new ways.

CHAPTER III

COMMONALITIES BETWEEN EUROPE AND UNITED STATES IN THE WAY CONSMERS ARE TARGETED: IMPACT OF AMERICAN DIRECT-TO-CONSUMER ADVERTISING, PUBLIC RELATIONS AND ADVERTISING IN EUROPE

The European Point of View

It appears, at least to some degree, that the ways in which pharmaceutical products are marketed and promoted in the United States may be having its effect on European nations. Last summer (August 2001) saw the European Commission supposedly making efforts toward reform of its pharmaceutical legislation to bring the European industry more in line with that of the United States. Of course, and has already been noted earlier in this report, much of those efforts are at the same place they were when the European Commission first made recommendations in 1993. As reported in *Chemistry and Industry* (08-06-01), for those who support the changes, such as the European Commissioner for Enterprise, Erkki Liikanen, the point of the reform efforts is to: "give patients faster access to new medicines, to increase the information available to patients and, 'achieve a more innovative and competitive industry in Europe, which is to the benefit of everyone'" (pp. 460).

Regardless of the various stalemates that have occurred in the process, there are those who see that bringing European legislation in line with the United States has the very real potential of establishing "a fast-track registration process for products of significant therapeutic benefit" (pp. 460). The example of the Swiss company, Novartis, and the ways in which Gleevac (leukemia treatment) was approved in less than three months which is the shortest approval time ever involved with the development of an anticancer drug. Those in support of reform also make note of the fact that reform could and most likely would result in offering better information to patients about the drugs that are prescribed for them.

The same *Chemistry and Industry* does make note of the fact that it is unlikely that the ban on direct-to-consumer advertising will be lifted. However, their may be the potential to offer "clear and reliable information to patients on certain, authorized drugs, via the Internet. To start with only three disease groups, diabetes, AIDS and asthma, will be targeted" (pp. 460). The report also refers to Milan Panic, Chairman and Chief Executive Officer of United States-based biopharmaceutical company, ICN Pharmaceuticals, who suggests that there may be room for some compromise that could be loosely based on the regulations in Eastern Europe regarding direct-to-consumer advertising which are far less extreme than those of Western Europe. How advertising is handled in those nations may serve as the middle-ground for other parts of Europe.

One incident in particular provides an example of what is motivating some officials to modify their stance in terms of adopting anything that is even remotely similar to the ways in which the pharmaceutical industry markets its products in the United States. In what was a stroke of good luck for the pharmaceutical industry, especially GlaxoSmithKline (maker of Relenza, a flu treatment) and to a much lesser degree Hoffmann-La Roche (maker of Tamiflu, a flu treatment), in 2000, Europe was hit with one of the worst outbreaks of influenza that it has experienced in decades. According to a report in *Time International* (01-24-00): "Although both companies acknowledge timing the release of their drugs for the annual flu season, this year's epidemic has provided an unexpected publicity bonanza ... Glaxo says about 500,000 prescriptions for Relenza were written worldwide in December, with sales in Italy almost as large as those in the United States." (pp. 52). Such an event certainly demonstrates the importance of getting the message out to the public about a new pharmaceutical product that can have a remarkable and immediate impact on their lives. The same report noted that the flu struck more than three million French, two million Italians, and the Netherlands reported incidents of flu cases being "nine times normal levels" (pp.

52). Germany's southern states, Denmark, Finland and even the "off-continent" United Kingdom were all heavily infected. Far be it from wishing the flu on anybody anywhere but this particular outbreak was clearly fortuitous. A conspiracy nut would make the assumption that the drug companies had actually orchestrated the outbreak somehow!

Economics and Competition

The situation outlined above in which GlaxoSmithKline was prepared to deal with Europe's flu epidemic brings up another issue that should be considered in any discussion of the pharmaceutical industry and the transnational companies operating in Europe -- simple economics and competitive results. The fact that information to the consumer increases sales is obvious and is well-illustrated by millions of flu patients apparently demanding the drug they had read about in the newspapers or seen news reports about. As anybody who has ever had a bad case of influenza knows, any possible remedy is greeted with great enthusiasm.

In this circumstance, GlaxoSmithKline had been prepared and Hoffmann-La Roche, which at least had approval for Tamiflu in Switzerland (as well as the United States and Canada). As Bosanquet (1999) explains it, despite the fact that European drug manufacturers have had solid earnings for the past decade, their futures are in doubt due to heightened competition, particularly from American firms. Bosanquet comments: "Managers in a number of companies have a sense of living on borrowed time" (pp. 130). In his report that details the five years between 1993 and 1998, Bosanquet shows that the leaders during the period were mainly American -- Merck, Eli Lilly, Schering Plough, Pfizer and Warner Lambert.

The United States market has continued to expand, both in terms of its strength in its domestic consumer base but in terms of foreign sales. Bosanquet is also convinced that: "Direct-to-

consumer advertising for prescription drugs on television and in news media created a new link and a new intensity of relationship between company and customer. In effect, pharmaceutical companies gained power through brands as well as their exclusivity in patents. This new found brand power helped to moderate the effects of patent loss" (pp. 130).

Non-American companies also benefited from those same factors. The examples Bosanquet use include GlaxoSmithKline's effective marketing of "respiratory and central nervous system (anti-migraine) drugs to offset the effects of the patent expiry on Zantac (for ulcer treatment)" (pp. 130). He also says that Astra and Zeneca, both in different areas, showed strong market performance, and SmithKline Beecham expanded sales in antidepressants and over-the-counter smoking cessation products. Other companies have faced uncertainty, Bosanquet believes, because of their "low innovation rate and lack of strength in the U.S. market" (pp. 130).

In that always powerful American market, the changes that have been seen because of direct-to-consumer advertising have been truly remarkable. Bosanquet explains that " ... advertising rose from $750 million in 1997 to $1.5 billion in 1998. ... Direct-to-consumer advertising replaced the advice of a friend or relative in making prescription brand requests to physicians" (pp. 130). In and of itself, such a situation created a major challenge since physicians, hospital administrators, as well as managed care administrators were faced with patients who had become convinced that what they had seen on television could change their life. They too could be on the beach with a grandchild, doing tai-chi in the park, or going fishing despite being in the midst of a round of chemotherapy. It is important to realize that the impact of direct-to-consumer advertising has an impact on the longer-term effect of more control in the marketplace and not just on the immediate sales boost. As Bosanquet says: "Direct-to-consumer advertising can ensure more rapid adoption of new drugs: it can be used to stabilize and increase the sales of older ones" (pp. 130).

It should be clear to anybody paying even the least amount of attention to the pharmaceutical industry and its market that the concept of brand power will continue to expand the competitive advantage of the top companies. Bosanquet concludes that: "There might well be two classes of firms in the future, with a first class able to use brand name power and others in a 'commodity' market" (pp. 130).

The factors that have led to the remarkable success of the United States firms were quite nearly the opposite of the factors governing events throughout Europe. For example, Bosanquet explains that until 1993 it had seemed there would be a major health reform plan put into place by the federal government in the United States, which would be likely to result in an increase in regulatory constraints imposed by the federal government. But when that did not happen and, in fact, new opportunities presented themselves, there was a strong increase in the volume of sales.

Bosanquet then notes: "The experience in Europe was almost entirely the opposite of the U.S., with more regulation, a complete ban on direct-to-consumer advertising and special factors which reduced the take-up of innovative drugs. From a situation with some scope for managerial initiative in the pricing and marketing of new drugs, the industry passed to one in which the control of almost every decision on timing and content of product launch and development passed to regulators and funders" (pp. 130).

Perhaps the most telling comment made by Bosanquet is his making note of the fact that throughout the 20th century, the pharmaceutical industry saw international leadership in terms of research and development and innovative solutions, especially by German, British and Swedish organizations (pp. 130). However, he goes on to note that the 21st century may not shape up as well "with the danger that Europe could be a minor player in an area of the economy that is likely to show major expansion with the change in population age structure" (pp. 130).

Chapter IV

DIFFERENCES BETWEEN EUROPE AND UNITED STATES IN THE WAY CONSUMERS ARE TARGETED: IMPEDIMENTS TO HEALTH CARE COMMUNICATION AND DELIVERY

A Dark Future?

Most pharmaceutical industry analysts, as well as the leaders of the industry, make note of the fact that, European drug manufacturers face a cumbersome regulatory structure in which according to *Chemist & Druggist* (05-29-99) even the product licensing decisions can take up to nine months and then the company typically has to wait for more than a year to have their price structures accepted and approved. For those who complain about the tedious process of U.S. Food and Drug Administration approval in the United States, it seems more than obvious that it is far worse in the nations of Europe.

Furthermore, the prices of new products are patent protected and different countries have different pricing policies, which, according to the same article warps competition and expands the number of parallel imports. "And as more countries are using international comparisons to set their prices, the price levels throughout Europe are falling ... It remains uncertain whether solutions for a genuine single market for medicinal products can be found before it is too late for the European pharmaceutical industry to salvage its competitiveness" (pp. 41).

Policy Issues and the European Pharmaceutical Industry

Aside from the issues associated with the promotion and marketing of individual products for the pharmaceutical industry are the very real and very important considerations associated with government policy, regulatory constraint and ongoing issues associated with drug development,

testing and manufacturing. Throughout virtually every aspect of the pharmaceutical industry, from research to the final sale to a consumer, the pharmaceutical industry is regulated. This holds true throughout Europe and the United States. The problems arise for those multi-national companies attempting to do business in the face of the countless variations on the regulatory theme.

European Regulatory Concerns – Approval and Marketing

In Europe, the European Medical Evaluations Agency (EMEA) works along similar, but not identical, lines to the Food and Drug Administration in the United States. However, after European evaluation, individual countries also have to give commercial approval. Dr. Luca Gianni, head of the Medical Oncology Division at the Instituto Nazionale Tumori in Milan, believes that, far too often, the approval processes associated with getting pharmaceutical drugs to market even after clinical testing and trials, are much to lengthy and far too cumbersome. He commented in a news conference associated with the European Breast Cancer Conference held in Brussels, Belgium, on September 28, 2000, that: "It is unfortunate that there is duplication between the United States and Europe. However, the problem is recognized and discussions are now under way between regulatory agencies about harmonizing the process. This would avoid unnecessary duplication and shorten the interval between the establishment of a new compound as an active and favorable drug and its availability in everyday practice" (PG).

In a report from *Pharmalicensing* (2002), the point is made that the fact that there are two routes for marketing pharmaceutical products in Europe, through the European Union and then the individual country, has proven to be something of a balancing act for nearly 40 years. Although the European Community adopted the "first harmonizing directive on marketing authorization procedures" in 1965, "total harmonization" has never been achieved. At the collective European

level: "A medicinal product may only be placed on the market in the European Union when a marketing authorization has been issued by a competent authority of one Member State for its own territory (national authorization procedure) or when an authorization has been granted at European level pursuant to Regulation 2309/93 (Community authorization procedure)" (Internet source).

Ironically, the original intent of the EMEA, which was "inaugurated" in 1995, was to "speed up the assessment process for new medicines, so that valuable new products would not be unnecessarily delayed in reaching the people of Europe who could most certainly benefit from such medicines. The overall goals of the agency also included the mandate to improve the safety of medicinal products and assure a means through which there could be a singular regulatory framework that would allow for a greater degree of accountability and overall integrity.

Through work with the collective enterprise rather than individual national entities, conflicts of interest are lessened in terms of national loyalties as related to overall authority. As the *Pharmalicensing* report notes about those staffing the EMEA and its committees: "When acting for the EMEA, they do so independently of their nominating authority" (Internet source). The end result is that an expert in a certain field whose home nation may be home to innovative research in that area has no more influence than a similar expert who comes from a nation where such research and development is not conducted. Therefore, decisions may be made in terms of how they benefit the collective rather than the individual.

European Regulatory Concerns -- Parallel Imports and Distribution

Once again referring to the *Pharmalicensing* report: "The problem of parallel imports arises when companies operating in two or more markets price their products differently or sell them with different characteristics" (Internet source). When such a process takes place, it results in a situation

that allows for the purchase of a similar product in one country and the re-sale of it in another country for a price less than what was set by the manufacturer for its sale in that second country. For example, the United States media has been full of stories of senior citizens in cities near the Canadian borders riding buses into Canada to get the prescription drugs they need at a significantly reduced price from what they have to pay at home.

Again, according to *Pharmalicensing*: "The parallel importing of centrally-authorized medicinal products is quite different from the parallel importation of medicines authorized nationally because, by definition, a community marketing authorization is valid in all Member States" (Internet source). The important distinction comes in the fact that the parallel importer is still required to comply with certain requirements if it does plan to purchase them in one country for resale in another. Such requirements include processes such as re-packaging, different language instructions, and so on. It also is essential that the parallel importer maintain the product information that was agreed upon and authorized by the decisions made by the authorizing entity. Furthermore, the parallel importer has to inform the original manufacturer that a trademarked item is being put on sale in a different package and they must inform the EMEA three months before they begin distribution of the re-packaged product (Internet source).

None of this is to suggest that the drug companies necessarily like or support the concept of parallel importation. For example, GlaxoSmithKline took a "hard-line stance" on parallel imports in December 2001. However the company now faces an investigation by the House of Commons Health Select Committee. Christopher Viehbacher, GlaxoSmithKline's president of pharmaceuticals in Europe, announced a news system in December for: "... wholesalers and pharmacy buying groups in the countries concerned about a new system of supply for certain of our

products.... will result in a maximum quantity being supplied by Glaxo companies to all wholesalers and pharmacist buying groups for these products" (pp. 12).

The writer of the article in *Chemist & Druggist* (12-22-01) also makes note of the fact that the company has thought of parallel imports as the proverbial "thorn in its side" for a number of years. The company tried to lessen the stream of such imports in Spain by establishing a dual-pricing schedule in 1998, which the European Commission called a halt, noting that such a practice violated the rules of competition established by the European Union. The same article points out that a spokesperson for the British Association of Pharmaceutical Wholesalers was surprised by the move and noted that, "It's surely as illegal as dual pricing was in Spain. If it takes the [European] Commissioners as long to grasp the nettle [and deal with the new scheme], as it did with dual pricing, we're in for significant price increases for years" (pp. 12). Pharmacists are expected to feel the brunt of the decision and will, rather obviously, increase prices to keep up with the changes. That issue is at the core of the reason that the House of Commons will be looking into the relationship between pharmaceutical manufacturers and the United Kingdom's National Health Service.

Only nine months earlier, the High Court of the United Kingdom dismissing calls for a review of the Pharmaceutical Price Regulation Scheme (PPRS) which was a blow for parallel importers since it was their association that had brought the case against the Department of Health and the Association of the British Pharmaceutical Industry (ABPI) because it claimed that PPRS was anti-competitive. The argument had been made that the review was necessary because "the modulation provisions included in the PPRS agreement allowed discriminatory targeting against parallel importers" (pp. 29). The Court disagreed and made the ruling that the modulation provision "did not restrict competition from parallel imports and therefore was not breaching the Treaty of

Rome. It also concluded that the Department of Health and the ABPI had not drawn up the provision to target package inserts" (pp. 29).

European Regulatory Concerns -- Price-Fixing

As with almost any other unique proprietary product, there is an inclination toward price-fixing in order to assure that the product's producer is able to maintain its place or domination in the market. According to *Pharmalicensing*, the EMEA makes it clear that it has nothing to do with such practices and that when members of the European Union have adopted various actions controlling the prices of medicinal products, it has generally been in the interest of controlling overall public health costs. However, such actions of individual nations has often served to either hinder or distort "intra-Community trade" (Internet source).

The end result has been one in which the collective European Community has made the effort to lessen the discrepancies that exist between national policies in order to assure that they do not "constitute quantitative restrictions on imports or exports or measures having equivalent effect to such restrictions" (Internet source). However, it is important to understand that such efforts cannot affect individual policies of the Member States that primarily depend upon a system of free competition for determining prices of pharmaceutical products, individual price-setting policies in separate nations, or the social security programs of individual nations (Internet source). Clearly, these combined factors do result in requiring both transnational pharmaceutical companies, marketers and government officials to walk a very fine line in terms of just about any process involved with setting prices for their products.

The European Commission has demonstrated its willingness to take action against the drug companies that do attempt to establish price-fixing schemes. For example, according to Young

(2001), the Commission has fined Roche Pharmaceuticals twice in less than a month for its leadership role as part of a price-fixing alliance. Roche and four other companies were fined Euro 135.22 million (USD$121 million) for "conspiring to fix the price of citric acid between 1991 and 1995" (pp. 18). Only a week earlier, Roche and seven other companies were fined for having established a vitamin "cartel" in which the companies involved controlled the flow of citric acid (a natural preservative and flavoring used in most foods and beverages). Young adds that Roche and Archer Daniels Midland (ADM), were identified as the "co-leaders of the citric acid cartel" and received the largest fines in the group of, Euro 63.5 million and Euro 39.69 million.

European Regulatory Concerns -- Counterfeit Drugs

Newton, White, et al (2002) make note of the fact that the World Health Organization estimates that counterfeit drugs account for fully10% of all drug manufacturing worldwide. In an editorial for the *British Medical Journal*, they call for the "pharmaceutical industry to cooperate with governments and consumer groups to fight the counterfeit drug industry. Most of the nations in the European Union, in fact most of the nations of the world have found that they have some measure of problem with counterfeit pharmaceuticals. For example, Italy's government announced in November 2001, that all pharmaceutical products will be given an anti-counterfeit stamp, similar to that used on currency, to help tackle the increasing black market in prescription drugs. Italian police estimate that counterfeit and stolen drugs account for approximately six percent of that nation's drug market.

Business Week (06-18-01) reported that the problem is constantly increasing and has been shown to be especially dangerous (and profitable) in less-developed nations and emerging markets. "Major pharmaceutical makers in Europe and the United States are sounding the alarm about counterfeit drugs getting into consumer outlets throughout Latin America and even abroad" (pp.

30). The drug counterfeiting business has become an extremely lucrative cottage industry in which fake medicines can be purchased by "distributors at discounts of up to 80 percent off what legitimate manufacturers charge. The knockoffs are purchased by unsuspecting pharmacies, hospitals and government health agencies, which pass them on to consumers" (pp. 30).

Controlling the problem has proven to be almost a futile effort as increasing numbers of distributors and individual consumers continue to purchase medications over the Internet. According to Pasternak (2001): "In 1999, according to Forrester Research, Americans bought $158 million in drugs over the Internet" (pp. 26). The implications are truly immense. There are not enough inspectors and regulators in the world, much less in one nation, to be able to track all counterfeit drugs and counterfeiters will continue to create their lucrative product as drugs become increasingly more sophisticated and, thus, more expensive. Pasternak cites the example of two drugs -- Serostim for AIDS patients that costs $21,000 for a 12-week dose, and Neupogen, used by chemotherapy patients, that costs between $150 and $250 per vial. The financial and human costs of drug counterfeiting are clearly enormous.

European (and United States) Regulatory Concerns -- Advertising

Each of the foregoing regulatory concerns are issues that can and should be addressed through public information campaigns which, when done correctly, can prove to be an invaluable source of information for consumers and health practitioners, even for government officials. The argument must be made that, despite the fact that it is something of a cliché, this situation is one in which knowledge truly is power and that power is often denied because regulators equate advertising with coercive or overly aggressive marketing instead of seeing its potential for positive outcomes.

As was noted in comments to the U.S. Food and Drug Administration last year, Jeff Perlman of the American Advertising Federation makes note of the fact that there can be little doubt of the overall benefit to consumers from direct-to-consumer advertising. He refers to the important statement issues by the U.S. Supreme Court in *Virginia Pharmacy Board v. Virginia Consumer Council* (425 US 748, 1976) that: "As to the particular consumer's interest in the free flow of commercial information, that interest may be as keen, if not keener by far, than his interest in the day's most urgent political debate." The point to be made is that such a fact regarding consumers' interest is as relevant in Europe as it is in the United States. People desperately want to know what is available to them and what it can mean for them.

Although the court was specifically addressing the issues associated with economic benefits associated with price advertising, the fact remains that there are additional benefits associated with the fundamental informative nature of direct-to-consumer pharmaceutical advertising. The fact that consumers are aware of a product that is supposed to be used in the treatment of a certain condition allows them to discuss that particular drug relative to their own situations.

In fact, Perlman notes that according to a 2001 survey published in *Prevention Magazine*, "32 percent of consumers who have seen a direct-to-consumer advertisement have talked with their doctor about an advertised medicine. Slightly more than half of all of those consumers say their doctor discussed non-drug therapies with them" (Internet source). It should also be noted that according to the U.S. Food and Drug Administration's own survey, more than 80 percent of the respondents noted that they specifically sought out more information form their physician regarding a particular drug they had seen advertised. Such facts bear witness to the benefits of direct-to-consumer advertising and demonstrate the ways in which the individual consumer takes advantage of information he or she receives through channels of communication that have little to do with the

most commonly utilized methods of health education and information offered through a clinical setting.

European Views on Consumers Accessing Information

Should pharmaceutical companies provide the public with more information on prescription medicines? This question formed the basis of a European-based survey among patient organizations. Given the current European emphasis on whether drug companies should supply the public with more information on prescription medicines, European-based patients and their representative patient organizations joined the debate. Early in 2002, PatientView, together with the International Alliance of Patients' Organizations initiated the first-ever European-wide survey of patient groups across all major disease areas. PatientView is an independent organization founded in 2000, which provides information about patient attitudes on health care delivery and disease-based issues worldwide.

Thirty-five patient organizations, representing 6,000 - 7,000 patient groups, and a further 111 patient groups, representing between 6,000,000 – 15,000,000 patients, replied to the survey. More importantly, a consensus was obtained; patient groups said that patients needed all information about their treatments – which they stated they were presently not getting. The majority of groups also believed that pharmaceutical companies should supply this information.

These results were presented to the European Commission, the EMEA and the Council of Europe's expert group on patients and the media. "…PatientView and IAPO are both relatively new organizations, but with a common commitment to enable the patients' voice to be heard," said Albert van der Zeijden, chairperson of IAPO (p.2).

A key example of the PatientView survey research were the views of United Kingdom-based patient groups, which produced the highest response rates in this survey research. The survey responses were from 34 United Kingdom-based patient bodies (six were umbrella organizations representing 800 to 1,000 patient groups and 28 were actual patient groups representing between 3,600,000 to 9,000,000 million patients). According to the survey, highly trusted sources of prescription drug information in the United Kingdom were among the following groups: nearly 80 percent of valuable information came from patient organizations themselves; nearly 45 percent came from physicians, 40 percent from pharmacists, 10 percent from the Internet, 5 percent from the national government and 3 percent from the media (pp. 7).

Another survey completed by Thornton (2002) showed that there is value of direct-to-consumer advertisements, i.e., print ads, television ads or radio ads, among European consumers. The ads are designed to provide consumers with information and persuade him or her to have a discussion with a physician about a symptom, disease or drug therapy. "Direct-to-consumer advertisements gives patients a tool to start a conversation with their physicians on medical conditions and possible drug therapy treatments" (pp. 1). Better educated patients also saves the health system money, promotes patient empowerment and allows the consumer to make an informed choice about their medication or treatment therapy.

Chapter V

FUTURE STRATEGIC DIRECTIONS AND CONCLUSION

Barriers to Communication

As has already been noted throughout this report, there are significant barriers for the international pharmaceutical industry in terms of getting their messages and healthcare information directly to the individuals who most need it. In July of last year, the European Commission raised the possibility in July of relaxing the ban on direct advertising by pharmaceutical companies. However, Watson (2001) explains that consumer groups in the United Kingdom, Belgium and Italy -- which are members of the larger group known as the European Consumers' Organization -- repeatedly argue that, even though patients need better information about drugs and treatment, such information should come from public health programs, national health and medical authorities, and as released through the EMEA and that drug companies should have no role in the dissemination of such information. Clearly, such attitudes have limited what the pharmaceutical industry has been able to do but it does not mean that it is without significant options and opportunities.

With all of the political and social changes that have occurred in Europe throughout the past decade, health and medicine have not been particularly strongly featured. It has never been one of the European Union's highest priorities. Nevertheless, health issues have been moving up the European agenda but with easy mobility that exists between the nations of the European Union and the fact that there are those circumstances in which a patient may need to receive medical treatment in a neighboring country, it becomes clear that there are serious issues regarding communication and information that must be addressed. Richards (1997) points out that even five years ago and despite the fact there had been "considerable pressure from both the European Parliament and various European lobbying groups to establish a designated directorate general for health, it is

doubtful if this hasty piece of portfolio shuffling will achieve much" (pp. 460). Of course, that proved to be the case. Regardless of the commitment on the part of the European Union for unity among the nations, it cannot go unremarked that when it comes to health and medical policy, the individual nations are primarily left to function as individual nations. With such a framework of seeming disregard for medical issues in relationship to consumer education in place, it is no wonder that pharmaceutical industry information campaigns have often been stymied.

It is essential to understand that although United Kingdom and European regulations prohibit the advertising and promotion of prescription drugs directly to the consumer, health education and corporate advertising *are* permitted. However, there is a fine-line to be walked in order to assure that no government regulators or consumer groups claim that the promotions are simply disguised brand advertising. Fricker (1998) explains that:

> such critics are primarily concerned about the impact of a relaxation on relations between physicians and patients. They fear that advertising tends to be biased, and that physicians may have to spend more time discussing whether a particular product should or should not be prescribed and then explaining to his or her patient why they make the choices that they make. The point most often made by the pharmaceutical world is that there are undeniable public health benefits since people with mild complaints are more likely to visit a physician if they see advertisements and understand that the condition they are experiencing is not normal and that it can be treated.

Shifting the emphasis from marketing to education can serve numerous benefits for the advertiser as well as the targeted public. It is already understood that consumers are changing the way the pharmaceutical industry does business, especially in terms of information and education. It is the rare consumer who is still willing to take his or her physician's advice, especially in terms of prescribing, without finding out as much as possible about the condition and its treatment. And yet, information may be of a secondary, even tertiary concern, when it comes to treatment which adds to the fine distinctions that must be made in how information is communicated and the message that is sent. For example, a woman who is at a very high-risk for breast cancer (i.e., close family

members having had it and the identification of a mutation in either BRCA1 or 2) may believe that her only hope is taking Tamoxifen.

If that woman has heard only the positive information about the drug and that it has been proven to be a clinical breakthrough in dealing with breast cancer, she may be eager and willing and, in fact, may even demand the right to have it prescribed for her. However, in her circumstances, Tamoxifen may not be part of the best possible treatment plan. A very real "barrier to communication" (and certainly to understanding) will occur because she has only heard the positive attributes of the drug and not understand that it is not the cure-all for breast cancer that some would have the world believe.

It should be understood, as Abbott (1997) points out that misconceptions and distorted understanding result from a failure of information transfer between the three worlds which philosopher Karl Popper defined as being the physical, subjective and intellectual. A more detailed profiling system must be used to properly detect problem areas to help improve information transfer especially in promoting or explaining health care, education, and treatment through advertising.

Another concern that must be addressed is the fact that there is a great deal of speculation, especially on behalf of those who support direct-to-consumer pharmaceutical advertising and more aggressive health education and information campaigns. One of the reasons that there is opposition to such programs is that the established health care systems of European nations do not want to deal with the questions such information might provoke.

As in the United States, the medical bureaucracies of Europe can often serve to hinder what may be in the best interest of the general public and individual medical care consumer. there is a

natural and not surprising desire on the behalf of many members of the medical profession to maintain their roles as the "gatekeepers" for modern medicine, information, and treatment.

Health Education and Advertising

Research done by doctoral candidate Autumn Marshall in 1999 provides an interesting metaphor regarding the connections that exist between health education and advertising. Swartz (1999) explains that: "Marshall likens social marketing to a spray bottle by which you spread a message using either the stream or spray settings" (pp. 1502). She quotes Marshall, a registered dietitian as saying: "For our program, we wanted to 'spray' our target audience with information. We wanted to hit as many people within our target audience as possible, and to do that, we were going to spray some others as well" (pp. 1502). Such an analogy serves as a useful construct in considering health education and information efforts by the pharmaceutical industry.

Despite the fact that Marshall was working on a nutritional education campaign targeting food stamp recipients, the same factors apply on a much larger scale in terms of an international pharmaceutical company's information efforts. Factors such as the crafting of the message, defining the target audience, using the appropriate medium for the message, and constant evaluation is as important for a large scale effort as it was for Marshall's $40,000 budget targeting an audience in one largely rural American state (Alabama).

Pharmaceutical companies dealing with three chronic diseases -- asthma, diabetes, HIV/AIDS -- have already learned the lessons of specific demographic targeting. For nearly a year, the European Commission has allowed for a trial period of direct-to-consumer advertising regarding these three health conditions and their associated problems and potential treatment solutions. It seems that the ever-increasing availability of access to the Internet has led to a fairly

simplistic understanding that people are determined to learn what they can about the life-threatening illness with which they must deal with for themselves or for those they love.

What has finally come to be understood and *acknowledged* is the fact that even though pharmaceutical companies are banned from promoting their products on the airwaves, Cowlett (2001) points out that: "... anyone can post up inaccurate or even downright dangerous information on the net, and anyone can tap into that information from overseas" (pp. 29). She goes on to quote Gloria Gibbons, director of the Shire Hall Group, an organization that specializes in healthcare public relations, who notes: "You can even find sites that list ongoing drug trials, so if you can't get the treatment you want on the National Health Service, then you can nominate yourself for the appropriate trial" (pp. 29).

Such a situation makes it clear that it is far more valuable for the individual healthcare consumer (and person with the disease) to be able to receive expert and valid information rather than the conjecture and hearsay that is so often found in the "information" sites of the World Wide Web. Information offered by real experts, whether they are involved in a commercial enterprise or not can only serve as a net positive for the patient who needs and deserves accurate information. Cowlett also quotes Paul Copp, director of healthcare at Nexus Choat Public Relations, who makes it clear that:

"Many things motivate patient groups and key opinion leaders but, above all, credibility comes into the equation and it is never sacrificed. The media, opinion leaders and those in professional and patient groups are not fools, and they will all recognize blatant propaganda" (pp. 29).

Ironically, in many circumstances the "experts" who have the most information that is hard, scientific data and not hype are the pharmaceutical companies who are also the ones banned from sharing the information they have regarding their own products for fear that it will be dismissed as nothing more than self-promotion and advertising.

As these facts have become increasingly obvious, specialty public relations and advertising agencies have stepped in to fill the gaps caused by regulation and address the public awareness issues that are separate from what far too many government officials assume to be the avarice of the international pharmaceutical industry. Such groups, whether internal or external to the drug companies, have made every effort to combine consumer marketing with health education and information. It is when the two areas are skillfully blended that the best outcomes for both the consumer and the producer can be achieved.

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Appendix A

Survey

SURVEY QUESTIONNAIRE ON WAYS THAT CONSUMERS ARE TARGETED WITH MESSAGES ABOUT THEIR HEALTH

This survey is being conducted as part of a graduate thesis project in a Communications Research course at Seton Hall University. The research topic is how consumers are targeted with health care messages by multinational pharmaceutical firms in Europe and the U.S.

All survey responses will be kept confidential. If you wish to know the results of this survey, a presentation of research will be given in December 2002, in the Walsh Library at Seton Hall University. Please let me know if you are interested in attending. If you are unable to attend, please contact me and a copy of the survey results will be sent to you.

Please return the completed form to:
Gail Thornton
C/o Pharmacia Corporation
100 Route 206 North
Peapack, New Jersey USA 07977
Fax: 908-901-1874 or gail.s.thornton@pharmacia.com

YOUR PERSONAL PROFILE:

Please let us know more information about yourself:

_____ Male _____ Female _____ Your country of residence

Your education (please circle): high school college graduate school

Your age (please circle): 25-35 36-45 46-55 56-66

THE VALUE OF DIRECT-TO-CONSUMER COMMUNICATION

We are interested in your feedback on the value of direct-to-consumer communication, which can be a print ad, television ad or radio ad designed to provide a patient with information – and persuade him or her to have a discussion with a physician about a symptom, a disease or a drug therapy.

Please circle one of the words which most closely matches your feelings.

1) I am familiar with effective direct-to-consumer communication in my country.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

2) Direct-to-consumer communication provides a public benefit.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

If you have answered strongly agree or agree to the above question, what type of benefit do you think it provides?

_____

_____

_____

3) Direct-to-consumer communication leads to having better educated patients in my country.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

4) Direct-to-consumer communication delivers important adverse event or risk information about a drug or therapy.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

If you disagree, what added information do you think the ads should include?

_____

_____

_____

5) This type of communication to consumers improves the image of the drug manufacturer.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

6) This type of communication sells more product for the drug manufacturer.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

7) I believe consumers in my country are ready for direct-to-consumer communication.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

8) What are the forces in your country that are creating greater acceptance of direct-to-consumer communication? (Please circle one):

Aging consumer	Increasing desire for health care information	Decreasing trust in doctors/health plans	Growing acceptance of the Internet	Physicians not prescribing the latest, most effective medications	Other

9) Have you spoken with your physician after seeing a print or television ad or hearing a radio ad about a particular disease or drug therapy?

Yes	No

If so, what was the particular therapy? (Please circle one):

Arthritis and pain	Glaucoma	Cholesterol	Allergy & Asthma	Cancer	Other

10) Have you responded to any direct-to-consumer communication campaigns (by giving your name and address) in order to receive more information about the disease or the disease area?

Yes	No

If so, please fill in which disease or disease area: _____

_____

_____

Appendix B

Analysis of the Survey

SURVEY TABULATION – RESULTS TO DATE

AUDIENCE: Public Relations Colleagues in Europe and U.S., Consumers in Europe, Physicians in Europe

TOTAL SURVEYS DISTRIBUTED: 35
TOTAL RESPONSES TO DATE: 13

Male: 3
Female: 10
Education: college 2; graduate school: 9
Countries participated: Austria, Denmark, Finland, Germany, Italy, Portugal, Spain, Turkey, UK, US
Age: 25-35 (3); 36-45 (9): 46-55 (1)

	SA	A	N	D	SD
1:	4	4	3	2	
2:	3	9	1		

Comments:
a) DTC has increased consumer awareness about diseases and given them a tool to start a conservation with their physicians on conditions, possible treatments, etc. This helps patients get diagnosed for a condition they were previously unaware of.
b) disease awareness, information and sharing of knowledge, patient empowerment.
c) I believe that DTC communication allows the patient to make an informed choice about their medication. Quite often it helps the physician prescribe new innovative drugs for the right patient, rather than sticking to their usual practice.
d) Better educated patients help save the health system money. They would turn to the right sources of medical advice, understand better the requirements in respect to their treatments (e.g., compliance; correct use of drugs) and, at the end of the day, are being healed quicker and more cost-efficient.
e) Gives patients the opportunity to compare which products have the best benefit for their own situation. Educates patients on what products are available.
f) I'm not fully rating it as positive because there are too many constraints in Italy for a good and effective health care communication to the general public.
g) Consumers will get information about diseases and treatments and, in that way, they are able to choose either to go to the doctor's office or do other measurements to change their life. Some might get relief by knowing that they are not alone with their problems. I'm speaking about the unbranded consumer communication since branded ones are not allowed in Finland.
h) A way to improve public knowledge and awareness of sleeping diseases, for example, new medication or treatment.
i) For the patient, education is the key to current disease understanding/knowledge to enable/facilitate/motivate active self-management. DTC education can help the patient feel more in control of their condition rather than the patient feeling that the

condition is controlling them. Which is often the case, i.e., mobility, disfigurement, pain, etc. The patient is not looking for a diagnosis from DTC; they are seeking information to optimize their treatment outcomes just as the doctor (also a consumer) is seeking to optimize treatment outcomes for their patient from a clinical perspective. For the organization, DTC public relations is a channel of communication which enables a dialogue to take place with a patient/consumer from a different perspective to that of the doctor/detail from a medical representative. Benefits include profiling corporate image and investor relations as well as commercial return on investment over and above seasonally expected.
j) Promotion and prevention of health. It provides information that helps protect and improve health.
k) It provides us with awareness of some symptoms we may feel; to be informed about new medications that we don't know; give the opportunity to discuss them with the related physician.
l) Encourage patients to call the doctor or talk to him about their pain; information about new treatments are important but the information should not confuse them.

3:	**4**	**6**	**2**	**1**
4:	**2**	**3**	**5**	**3**

Comments:
a) Not really sure this is the case with electronic DTC and perhaps even print, as the information provided is extremely technical, perhaps confusing and not easy to digest. Reminds me of the disclaimer ads run by car companies on lease deals.
b) Ads should include the positive/neutral kind of information. Of course, risk information and adverse effects should not be hiding but they are not in the leading role. Depending, of course, what kind of campaign is in question. Sometimes it's important to scare the public a bit.
c) In Denmark, we must work, in general, with diseases and treatments in DTC campaigning. Public ads for prescription medications are prohibited.

5:	**4**	**6**	**3**
6:	**3**	**7**	**3**
7:	**4**	**7**	**2**

	A	**B**	**C**	**D**	**E**	**F**
8:	**2**	**10**		**1**	**1**	

	yes	**no**
9:	**5**	**8**

Comments:
a) psoriasis/dermatological
b) other/on behalf of a family member in response to a health documentary not an advertisement.
c) cancer, alzheimer's disease

10: 2 11

Comments:

a) problems with my mother's knees. But don't forget the doctors should be prepared to talk to informal patients. Difficulties: As soon as every drug manufacturer starts a DTC campaign it's really difficult for the patient to determine which one is right one.

###